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ORIGINAL CONTRIBUTIONS.

Spinal Meningitis, or Spotted Fever. By G. C. PAOLI, M. D.

(Read before the Chicago Medical Society, May 5, 1866.)

Mi. Kadish, a girl, seven years of age, was taken suddenly sick with a chill on the 1st of April. On the 3d of April, they requested my attendance. I found my little patient suffering with the following symptoms: The head was thrown back and so firmly fixed that she could not move it without at the same time moving the body. The smallest pressure applied to the neck and back was exceedingly painful. Her appearance was that of extreme anxiety and distress. The temperature of the skin was cold, and ecchymoses, or large blue spots, were visible on both arms and lower extremities. The pulse frequent, small and compressible. Her tongue dry and covered with a yellow fur. Bowels constipated and very tender to the touch, particularly over the transverse colon. She had not slept since the commencement of her illness. There was also intense headache and great difficulty in deglutition. Vomiting had occurred several times.

From those symptoms I have described, I saw that the disease was evidently a spinal meningitis, or spotted fever, in the worst form, and I nourished a very faint expectation that my

little patient would survive this formidable malady which is so much dreaded by our profession.

As I kept a journal in this case, I could have detailed for you to-night the daily changes; but to avoid tediousness, I shall permit myself only to notice the peculiarity of the symptoms and the treatment.

My first endeavor was to produce a reaction. For that purpose, I let the patient take a warm bath, which produced a gentle perspiration. After the bath I gave an injection, which produced an evacuation of hard, dark excrement. To the spine I applied flannel dipped in oil of turpentine, which produced considerable irritation of the skin.

Later in the evening, I gave her a calomel powder, which produced evacuation of the bowels of a very offensive or tarry-looking character.

It was with great difficulty that the patient could swallow anything, so that I had, for four successive days, to feed her with injections of beef-tea and milk. It was on the fifth day she commenced to drink milk, which constituted her food during her illness. The internal remedy, which I most relied on, was bromide of potassium, of which I gave 10 grs. every other hour. It seemed to have a sedative influence both as well to relieve the morbid sensitiveness as to procure sleep. Occasionally I gave fluid extract of cannabis indica, which, when the pain in the head was very intense, had a soothing effect. Besides the turpentine as an internal remedy, I used mercurial ointment and camphorated liniment.

During the progress of the disease the vital powers were very much depressed, so I prescribed musk. Although this powerful nervine is so scarce, I obtained an excellent article. The disease, which had a duration of five weeks, had its peculiar symptoms, which are worth mentioning, viz: every other day the temperature of the skin was more or less similar to what is often observed in a dull fever and ague; the tonic contraction of the muscles in the back were protracted; pains in the different articulations, like wandering rheumatic pains, which often prevented movement of her arms; and loss of hearing, from which she is now slowly recovering.

This case, as well as the previous cases that have come under my observation, convince me that an active poison is, for a long time, lingering in the system.

Incised Wound of Abdomen, with Wound and Protrusion of Intestine. By A. A. Surg. R. G. JENNINGS, U. S. A.

Private Harry Jacobs, Co. L, U. S. Cavalry, aged 24 years, a native of Pennsylvania, was stabbed in the abdomen at 11 o'clock A. M., February 20th, 1866, with a small blade of a pocket knife. He stated that he was standing at the time, and that he felt something like a kick with an unusual degree of warmth over the bowels, followed by faintness, causing him to seek his bunk, which he reached, though seven or eight feet in height. Upon opening his pants he found his bowels protruded. I was instantly sent for, but being about half a mile distant, did not reach him for some time. The man was stretched upon his bunk, his knees drawn up, pulse feeble, the surface bathed in a clammy perspiration. There were three coils of intestines upon the parietes of the abdomen, which were estimated to be not less than three feet in length. I had considerable difficulty in finding the opening into the cavity of the abdomen; and, after finding it, could not reduce the protrusion without assistance. After placing the man on a table, I discovered the wound to be about midway between the centre of the left Poupart's ligament and the umbilicus, extending upward and outward. I ordered cloths wet in warm water to be applied over the bowels, and sent for medical assistance and instruments. A. A. Surg. E. V. Deuell, U. S. A., in charge of St. John's Hospital, arrived soon after. The patient was brought under the influence of chloroform, when the wound was enlarged half an inch in its original direction by means of my finger, a grooved director, and a sharp-pointed curved bistoury. I retained my finger in the wound, elevating the walls of the abdomen while Dr. Deuell, by manipulation, returned the bowels to their place within the cavity. When this was nearly accomplished, we discovered a wound in the intestine fully three-quarters of an inch in length, which was serrated and bled

freely, although no foecal matter escaped. In this wound two interrupted sutures were taken, the ends of the thread being clipped close to the knot. The edges of the wound in the abdomen were nicely adapted and retained with three deep interrupted sutures, not including the peritoneal membrane. A wet compress was now applied to the wound, and retained in its place by a broad bandage around the body. After recovery from the effects of chloroform, free emesis ensued, which would undoubtedly have broken the sutures in the abdomen had it not been firmly supported with both hands. I directed a nurse to be kept in readiness to render like assistance whenever necessary. A half grain of morphine was now given and the patient carefully conveyed to St. John's Hospital, where he came under the personal care of A. A. Surg. J. A. Dibrell. During the first twenty-four hours, and until after complete reaction was established, there was no medical interference. As symptoms of local peritonitis began to appear, cold water applications were kept constantly to the wounded part, and depressing doses of tr. aconite rad. and morphine were given him. This treatment was continued for several days, the doses being increased according to indications. On the fourth day an emollient enema was given with happy effects. From this time the wound rapidly improved; at the date of this report, it is entirely healed.

The soldier now expresses himself fully able for duty, and desires to go to his regiment. His bowels are regular and appetite good.

LITTLE ROCK, ARK., March 30th, 1866.

Upon Certain Coincidences in Cases of Retained Placenta.
By H. WEBSTER JONES, A. M., M. D., one of the Physicians
to Cook County Hospital.

Having noticed a singular agreement in the phenomena attending the last three cases of retained placenta, which have occurred under my own observation, I venture to place them upon record, with a view to determine from the results of com-

parative experience what relationship of cause to effect may have therein subsisted.

CASE I. Mrs. P., æt. 16, a primipara and healthy, was found upon her bed, having, a half an hour previously, while at the supper table, discharged the liquor amnii in great quantity. Her pains were slight and infrequent, and from the os uteri protruded a long loop of the funis. Early in the evening, the patient obstinately refused to assume the position recommended in such cases for the repositing of the cord, and other means proven unavailing, she was left to assume herself the responsibility of the infant's death. The labor was otherwise normal, though, throughout the whole, the uterine action was tardy and inefficient. Birth took place at 8 A. M., the lifeless infant exhibiting every indication of a vigorous intra-uterine growth.

The contraction of the womb was now cylindrical, persistent, but not firm, and the hemorrhage being so great as to demand other than ordinary remedies, I proceeded to extract the placenta manually at 8.45 A. M. It was found attached in the median line, anteriorly, extending directly upward from near the os to the fundus uteri, the attachment narrow in its whole extent, and requiring moderate effort to secure its severance. A firm globular contraction ensued, with immediate relief to the hemorrhage.

The afterbirth was oblong, resembling the battledore variety, and was not notably denser in texture than usual.

The patient recovered rapidly without an untoward symptom.

CASE II. Mrs. W., æt. 24, third pregnancy, was found having regular pains about the end of the sixth month. She had been feeble during the early months, but knew of no cause for untimely labor. Her pains were not severe, but at 5 P. M. she discharged the amniotic fluid in vast quantity, birth soon following of an ill-nourished child, which lived nearly twenty-four hours. Cylindrical uterine contraction followed, with no hemorrhage. Ergot given in gr. xx doses, once in twenty minutes, secured (after the third) violent action, without resulting in the extrusion of the placenta. Chloroform was given at 7 P. M., and after much difficulty, the placenta seized and delivered

manually. Its shape, texture and place of attachment was identical with that before described.

The patient recovered slowly, with no unusual symptom, unless in the peculiar offensiveness of the lochia, which persisted for about four weeks.

This lady had attained the same period in her first pregnancy when she began to be troubled with discharges of a fluid per vaginam, which resembled, and probably was, the liquor amnii. They occurred always at night, often waking her from sound sleep, and resulted after three weeks in the birth of a foetus, which had obviously deceased many days before. The placenta was so disintegrated as to prevent examination.

Her second pregnancy was normal in every respect, and the child perfect and healthy in an extraordinary degree.

CASE III. Mrs. S., set. 39, second pregnancy, was in pains—slight and infrequent—for twelve hours before I saw her, at 5 A. M. Os dilated and membranes protruding. Liquor amnii was in great excess, and after its discharge, the contractions were more efficient. Birth took place at 9 A. M. Alarming hemorrhage following, and the uterus assuming the hour-glass form, I delivered the placenta at once by the usual operation.

Cold water, and ice externally and within the vagina, were necessary before sufficient contraction of the uterine fibre was induced, to secure the patient from further loss of blood. Even then the form of the womb was cylindrical, extending upward nearly to the umbilicus.

The location of the placenta was the same as in the other cases; it was very narrow in its line of attachment, and had been partially separated at the sides, where, evidently, the hemorrhage had originated. No evidences of inflammation were present, and with the exception of the tearing of the uterine surface in the process of removal, the appearance of the whole was normal.

This patient recovered rapidly, though suffering from chill and subsequent fever on the fifth and ninth days.

The peculiar interest of these cases rests in the common fact of a great excess in the quantity of liquor amnii; inertia of the

uterus; retention of the placenta; the locality of its attachment, and finally, the normal condition of its texture.

My own impression of the relationship of these facts is as follows: That the great distention of the uterus, by reason of what might properly be called the "dropsy of the amnion," occasioned the uterine inertia; that the longitudinal muscular fibres, never very largely developed, were paralyzed, giving rise to the peculiar cylindrical form of the uterine contraction, and its inability to extrude the placenta; while the non-inflammatory nature of the placental attachment would tend to the belief that its retention was due to its peculiar shape and locality, in connection with inertia of the uterus, and loss of power in its longitudinal axis.

Practically, the concurrence of such phenomena as preceded birth in these cases should teach the accoucheur the presence of greater risk from hemorrhage, and the stronger probability of an operation being requisite for the delivery of the placenta.

A Case of Placenta Prævia. By J. W. BROOKS, M. D., Chicago.

TO THE EDITORS OF THE CHICAGO MEDICAL JOURNAL.

Allow me briefly to present the notes of a recent case of placenta prævia. At twenty minutes before 2 o'clock P. M., March 26th, 1866, the writer was requested to visit Mrs. McC—n, the friends being greatly alarmed by the amount of her flooding. On my arrival, fifteen minutes before 2 o'clock P. M., they gave me the following account: She commenced flooding a little before 2 A. M., (having suffered from attacks of the same for six weeks previously.) About 7 or 8 o'clock A. M. a physician was called, who made a prescription and left. The prescription being used, and failing to arrest the hemorrhage, I was called at the time before stated, and found her sinking rapidly—restless, pale, pulse feeble, gasping and gaping alternately. On examination, I found the os uteri rigid and undilated; abdomen tense; feeble pain occurring at intervals. Gave one teaspoonful of tinct. camphor in water, plugged the vagina, and sent for my friend, Prof. DeL. Miller, requesting his im-

mediate presence, and ordered camphor water to be freely administered. In forty minutes she had rallied considerably. At the expiration of one hour, a very brisk labor pain expelled a coagulum as large or larger than a pint cup. This was immediately followed by syncope. Examining now, I found the os dilated half an inch, with the placenta attached directly over it. At the same time came another pain with a fearful flow of blood. I restored the plug, grasped the fundus uteri, and pressed my knuckle on the aorta. Dr. M. reaching the house at this time, we found the os dilated nearly one and a half inches, and proceeded forthwith to perforate the placenta and to deliver by podalic version. The flow of blood and liquor amnii was very large.

The placenta followed close upon the child. The mother was well bandaged immediately after the delivery. Nothing unusual has since occurred. The placenta proved to have been perforated in or near the centre.

The child was born in a state of asphyxia. At the expiration, however, of a few minutes it gave a slight gasp, which was soon followed by another. From this the intervals gradually diminished as we used a warm bath and then cold douches, with occasional artificial respiration, till, in one hour and a quarter, we had the pleasure of seeing respiration fully established in a fine healthy boy.

Acting in accordance with the mottoes of Hippocrates—

“Time flies;” “The occasion is fleeting,”—

I believe that the practical lesson to be deduced from this case and its results is, that, in all similar cases, *decision and prompt action are positively necessary* for the safety of mother and child.

Puerperal Anasarca. By J. P. Ross, M. D., Physician to the Cook County Hospital.

(Read before the Chicago Medical Society.)

On the evening of Dec. 17, 1865, I was called in great haste to visit Mrs. P—, living half a block from my residence. I hastened at once to the bedside of the patient, and found her in convulsions. The extremities on both sides were affected

with clonic spasms; eyes rolled upward and outwards; sterterous breathing and moaning; a bloody frothing at the mouth; and in a state of unconsciousness. Efforts were simply used to prevent the patient from injuring herself. The paroxysm lasted from ten to fifteen minutes, when she recovered with considerable mental confusion and delirium.

On making further examination, I found the eyelids and face puffy, and the feet and legs swollen. She was in the seventh month of utero-gestation, and was the mother of one child. The nurse states that the dropsical symptoms had been observed for a fortnight, and for several days she had been very irritable, complained much of headache, and had delirium at night. The urine was scanty, with pain in passing it, and high colored. She had complained of pain in the small of the back. A homœopathic professor of midwifery had been in daily attendance, and was engaged to wait upon the patient through her lying-in. On learning the situation of affairs, I stated to the friends the grave nature of the case and the necessity for active interference, and advised them, if they did not propose to make a permanent change of physicians, to send at once for their medical attendant. This they thought best to do, and after remaining an hour, administering from time to time chloroform by inhalation, the patient got into a quiet sleep and I took my leave.

On the 1st of January, 1866—a fortnight from my first visit—I was waited upon by the husband of the patient, who stated that his wife was no better, and desired me to see her at once and take charge of the case. At this time the dropsical condition had very much increased, the serous cavities contained a quantity of fluid—especially the peritoneal;—the gravid uterus could be floated from side to side and from before backwards, and made only a smaller portion of the contents of the abdominal cavity, the larger portion consisting in effused fluid. Headache, delirium and convulsive twitchings occurred every night, to overcome which the patient had used by inhalation large quantities of chloroform in addition to infinitesimals. The pulsations of the foetal heart were distinctly heard. The urine was scanty, and on boiling it a large coagulum was formed,

which did not dissolve by the addition of nitric acid. The condition of the patient was deplorable, and had steadily grown worse. It became a serious question to me if the chances of recovery for the patient would not be promoted by the induction of premature delivery. A consultation was asked for.

Jan. 2d. Dr. Byford in council. After a careful investigation of the case, Dr. B. concluded, 1st, That the pressure of the gravid uterus upon the kidneys was not the cause of the renal affection; 2d, That this disease occurred independent of the state of pregnancy; and, 3d, That the chances of recovery from it would not be greatly promoted by delivery. It was decided to give active treatment a trial in removing the uræmia and renal congestion. Ordered 10 grs. each of calomel and jalap, to be followed in six hours with a bottle of the solution of the citrate of magnesia.

Jan. 3d. 9 o'clock A. M. Cathartic operated thoroughly; urine scanty. Ordered 10 grs. of acet. potash and 10 minimis of the wine of colchicum seeds every four hours, and also sol. cit. magnes. in sufficient quantity to keep up a slight drain from the bowels. In the evening the patient complained of pain at the top of the head; was restless and feverish. Ordered 10 grs. Dover powder at once, and a vapor bath: which was directed for the occasion by placing a lighted alcohol lamp under a hard-bottomed chair, on which the patient was to be seated—*in puris naturalibus*—and surrounded with blankets to confine the vapor around the body; and to remain there as long as the strength of the patient would hold out.

Jan. 4th. Patient rested well; says she "feels better than she has in a month, but too weak to raise a finger." Edema seems less; occasional slight uterine contractions; urine still scanty and albuminous; continue the colchicum and potash. In the evening, ordered the vapor bath repeated, notwithstanding the patient protested that she was too weak, and it would surely bring on labor.

Jan. 5th. 9 o'clock A. M. Labor pains had continued since the bath regularly every fifteen or twenty minutes. On examination, found liquor amnii evacuated; presentation natural; and the os uteri soft and yielding, and dilated to a diameter of

two or two and a half inches. At 11 o'clock A. M., she was delivered of a living child, which had reached about eight months of foetal life.

During the whole period of labor no indications of convulsions were manifested, yet chloroform was used during the larger portion of the time during the existence of the pains, and six ounces were used up. The usual services were rendered after delivery, and the patient was left comfortable. No medicine was prescribed.

Jan. 6th. Patient feels well; urine passed three times during the night, very copiously. No medicine.

Jan. 7th. Bowels moved several times, watery discharges; urine free; dropsical effusion very much less; mammary secretion established; pulse 80, soft; complains of exhaustion. Ordered tr. ferri mur., gts. xii., ter. die., and good nutriment.

Jan. 9th. Dropsy almost entirely gone; urine contains but a trace of albumen; functions normal; complains of weakness. Ordered quiniæ, gr. ii, ferri sul., gr. i., ext. nux vomica, gr. ss., in pil. ter. die. and porter.

Jan. 18th. Dressed and about the house; recovery complete. Infant doing well.

Remarks.—The above case is interesting, in the first place, as showing the results of treatment. For the first fortnight, the patient was under trial of homœopathic remedies. That these were perfectly inert is evident from the disease making steady progress until it culminated in convulsions. During the following fortnight the treatment was the same (which was nil) with the addition of chloroform by inhalation. This remedy seemed to render the nervous system more tolerant of the uræmic poison, but did not aid, in any way, in getting rid of it, or in removing that state of the kidneys which produced the toxæmia and dropsy. On the contrary, the disease continued to grow worse. Then a moderately heroic treatment was tried, which consisted in remedies to act thoroughly on the bowels, kidneys and skin. These were followed by results which we believe were produced by the treatment, and were, 1st, premature delivery, which progressed to a successful termination, not a symptom of convulsions showing itself; 2dly, the

renal congestion gave way rapidly, which was manifested by a free secretion of urine and a disappearance of albumen; and, 3dly, the intestinal mucous membrane coming to the aid of the kidneys; the two relieved the system of dropsy, and the patient most rapidly recovered from a dangerous and alarming condition.

The independence of the morbus Brightii of the state of pregnancy in this and similar cases may be fairly questioned. Keeping in mind the length of time which the disease had lasted, and the results produced, mark how rapidly recovery occurred after delivery, and mark another fact, that no permanent improvement occurred in the quality or quantity of urine until delivery was effected. In these particulars this case does not stand alone, for both facts were patent in all the cases I have treated for several years.

In what way utero-gestation produces this morbid condition of the kidneys may not be known. The theory of pressure of the gravid uterus upon the renal veins could be scarcely adopted in this case, for the walls of the abdomen were not tense, nor the uterus confined in any way, but seemed to float—frequently changing its position—in the fluid of the peritoneal cavity.

Question.—What is the cause (or what are the causes) of the complication of Bright's disease with utero-gestation?

Retention of the Catamenia from Obstruction. By F. C. ROBINSON, M. D., of Wyanet, Ill.

In February last I was consulted by Miss W., aged 15, upon the non-appearance of the menses, which the lady attributed to cold taken during a former flow. Upon inquiry I learned that she menstruated for the first time in August, 1865, and continued regular until November, when it ceased. Since that time she had had the menstrual molimen every four weeks with much pain and constitutional suffering, increasing in intensity at every successive period, but without any discharge. The girl being so positive that cold was the cause of the suppression, I ordered a cathartic, followed by balsam copaiba, in doses of

twenty-five drops every eight hours, hot pediluvial and hip baths, and directed her to inform me if she obtained no relief.

In the evening of March 3d, I was again called to see the lady, who had been getting worse since my first visit, and found her suffering the most excruciating pain in the uterus, abdomen and thighs—at times so severe as to make her rave as in a state of delirium. I mistrusted the cause of her pain to be from obstruction, and stating my fears to the patient, suggested an examination. The external organs of generation were normal; the vagina small and contracted, and an inch and a half from its orifice was completely closed by a firm, elastic membrane, forming a cul de sac, point upwards. I administered chloroform, and using a director and my index finger, ruptured the membrane, causing slight hemorrhage, but, as yet, no relief. Above this membrane the vagina was crossed by several fibrous bands, which I also divided, revealing a distended uterus. It was lower in the pelvis, and pressing upon the neck of the bladder, caused irritation and a desire for frequent micturition, which I learned subsequently. The os uteri was also closed by a membrane similar to the one above mentioned, and which I succeeded in penetrating, using a female catheter, when about sixteen ounces of reddish-brown, tenacious fluid, or menses in a condensed form, escaped. The pain ceased in a few hours, and, except a slight nausea from the chloroform, the girl did well, and was soon able to resume her duties, well satisfied with her condition and the relief she had obtained.

From such information as I can get, it is impossible to diagnose the cause of this double occlusion. The fact of previous menstruation precludes the idea of its being congenital, and there being no evidence of injury, I can only account for it by saying it is an anomaly of nature, governed by the same physiological laws necessary to the building and repair of the human economy, being varied only by the organization of plastic lymph upon a slightly-inflamed mucous surface.

CLINICAL REPORTS.

RUSH MEDICAL COLLEGE DISPENSARY—SURGICAL CLINIC BY
DR. E. POWELL.

A Fibrous Tumor of the Right Side of the Face, involving the Parotid Gland and Common Carotid Artery, of Twenty-one Years' Growth—Removal—Death on the Fourth Day from an Accidental Hemorrhage.

Giles Hutchinson, of Illinois, about 41 years of age, came to the College Clinic, January 15th, 1866, for the purpose of having removed an immense tumor of the right parotid region.



As imperfectly shown in the cut, it elevated the ear more than an inch, extending from the zygoma downwards over the sheath of the great vessels to within an inch and a half of the clavicle, extending anteriorly considerably in front of masseter muscle, and posteriorly as far as the transverse processes of the upper cervical vertebrae.

The circumference was eighteen inches; its diameters six and eight inches. This large mass was firm, whilst its short projecting lobes were as unyielding as bone.

The steady growth, the impediment to the motions of the jaws and throat, as well as the pain experienced in the part, determined the patient upon the removal of the tumor as the only relief from a speedy and otherwise inevitable death.

Assisted by Drs. Lackey, Durham, and several other physicians, the operation was performed before the class. It was commenced by a vertical incision from a point a little in front of the ear to an inch below its lower border. The integument was then stripped from its surface with the fingers, and the

sterno-mastoid, which was inserted into and firmly bound down in its lower portion, was torn across. At this stage of the operation, a ligature was placed upon the common carotid artery, when, by strong and repeated efforts, the tumor was wrenched from its bed. There was very little hemorrhage from the recurrent circulation. During the operation two other small vessels besides the main trunks were tied.

The cavity was large, showing completely the walls of the space occupied by the parotid gland and the styloid process, while it extended down nearly to the clavicle. After the first shock of the operation had subsided, the patient experienced little constitutional irritation, suffering chiefly from tenderness of the pharynx whilst swallowing.

January 19th. The case had progressed extremely well up to this time, when, after rather a full meal, the patient was taken with vomiting, during which the artery was ruptured, and a profuse hemorrhage took place. A ligature was re-applied, but the patient died in twelve hours, exhausted by the loss of blood.

PROCEEDINGS OF MEDICAL SOCIETIES.

NEW YORK PATHOLOGICAL SOCIETY.

Stated Meeting of March 28, 1866—Dr. F. H. Hamilton, Pres't, in the Chair.

Dr. E. Bradley presented a small fragment of the squamous portion of the left temporal bone, removed from the skull of a rebel soldier who had been wounded in that region by a spent ball. Upon the receipt of the injury he lost the power of speech, and remained in that condition for ten days. The fragment of bone was then removed, and material relief followed. A marked hesitancy of speech remained for some time after the operation; but this disappeared by the time that the wound had healed.

Dr. Rogers remarked that the precise situation of the fracture described would be an interesting point to determine, as bearing upon the question of the precise location of the organ of speech. Dr. Bradley was unable to state the exact location of the wound,

having received from the gentleman who observed the case no other particulars than those already given.

Dr. Bradley exhibited a specimen of calcified falx cerebri, from a patient, 50 years of age, who had been subject to epileptic convulsions, and who had died of chronic meningitis. The dura mater was thickly sprinkled with the calcified plates.

In connexion with this case the Doctor mentioned a recent patient of his who died of apoplexy at the N. Y. Hospital. He had fallen in convulsions while walking in the street, and had been conveyed, unconscious, to the hospital, with all the symptoms of a well marked apoplectic seizure. The post-mortem examination disclosed a remarkable development of the crista galli, which invaded the left cerebral lobe. The right ventricle was ruptured and filled with clotted blood; and four ounces of thick blood were found beneath the meninges. The question was suggested whether the apoplexy had not been caused by the presence of this bony growth.

Dr. O. H. Smith exhibited a specimen of ulceration of the duodenum, from a young lady, 27 years of age, who suffered, one year ago, from typhoid fever. She recovered in part from this, went into the country, and was slowly regaining her strength, when, in December last, she caught a cold, which was followed by a severe chill and febrile symptoms. Great pain in the stomach and right hypochondrium, with vomiting, ensued; and the pain and vomiting continued for two weeks. Dr. Smith saw her about the first of January last, when she was brought to the city. The pain still continued, and the patient vomited nearly all the ingesta; the pulse was very rapid, and the general appearance of the case unfavorable. Opium and quinine were exhibited, but without effect; and Dr. Smith thought that the lady was probably affected with cancer of the stomach. Her memory and intellectual powers now failed rapidly; near the first of March she had a convulsion, followed by partial dextral hemiplegia; and she remained in this condition until the 22d of March, when she died.

Autopsy twenty-four hours after death. The stomach was found to be healthy. The peritoneal surface was covered with a lymphy exudation, apparently the sequel of an old peritonitis.

Adhesion was found between the abdominal walls and three or four inches of the duodenum; and on breaking it down, pus oozed into the cavity of the abdomen. In the midst of this adhesion, and about six inches from the stomach, there was ulceration and perforation of the gut. This lesion the Doctor could only account for by supposing the duodenal glands to have been poisoned by the typhoid virus.

Dr. Markoe presented the calvarium of a patient whom he had trephined for epilepsy; remarking that the specimen was interesting, not only in reference to the method of treatment employed, but also in connexion with the cranial necrosis that occurred in the history of the case. The patient was a boy, 17 years of age. At the age of five years he received a wound upon the left forehead by being run over; no fracture, however, occurred, and the wound healed rapidly. But in six months after this accident, the boy became rather suddenly paralyzed on the right side. The hemiplegia was complete. He recovered somewhat, after a few weeks, from this condition, but did not entirely regain his former health; he suffered from headache, when the scar on his forehead invariably reddened; his memory was weakened, and his activity diminished; yet he was able to attend school with his fellows. When 14 years old he had epileptiform convulsions, which recurred at intervals of three to seven days; latterly they took place with some regularity on Sundays; and his intellect was sinking into that state which is so often the concomitant of confirmed epilepsy.

Such was the condition of the patient when Dr. Markoe was requested to see him, about five months ago. The case seemed to be one in which the disease might fairly be supposed to depend upon the injury received in childhood; statistics gave a reasonable promise that relief might be afforded by operative procedure; and it was decided to make the attempt, the boy's parents assenting to any plan that gave prospect of benefit to the sufferer. On the 20th October, 1865, two discs of bone were removed by the trephine, and an intervening bridge of bone was displaced by the *ronguer*; leaving an opening in the skull about three-quarters by two inches. The edges of the opening were carefully smoothed. The immediate result of the

operation was satisfactory; and no convulsions occurred for a month. A very slight one happened at the end of that time; and then for two weeks longer he was free from epileptic seizure; the wound healing favorably meanwhile. Pyæmia, however, then began to prevail in the hospital; and this patient suffered with the rest. The pus began to burrow under the scalp, in spite of counter-openings and of pressure; the bone became extensively denuded and necrosed; the wound assumed a bad condition, the patient sank, and finally died about a week ago, having been in a comatose state for nearly a fortnight. During this time a fungus cerebri had sprung up and attained the size of a small orange.

The autopsy showed the hernia cerebri as a pultaceous reddish mass. Below that portion of the hemispheres from which it sprung was a tract of soft and greenish-yellow cerebral substance; but no abscess was found, upon careful search, in this part of the brain. On the right side, however, corresponding in situation with the wound upon the left side, was a deep-seated abscess, which contained two ounces of laudable pus. The calvarium was extensively necrosed; *but nature had made no effort to separate the sequestrum*; a circumstance which Dr. Markoe regarded as very remarkable. He had observed this phenomenon in the case of syphilitic necrosis; but never before when the disease was of traumatic origin.

In answer to a question, Dr. M. stated that the dura mater was not invaded by the trephine; and that the ulceration which afterward took place in the membranes, allowing the development of the fungus, was precisely defined by the margins of the opening in the bone.

Dr. Hamilton thought that non-separation, in traumatic necrosis, was the result of extreme enfeeblement of the constitution; and referred to the frequent cases of osteo-myelitis which have been observed during the late rebellion. In these cases, which always occurred in broken or feeble constitutions, the disease frequently progressed so far as to involve the entire bone of an extremity.

Dr. W. Beach, jr., presented a large tumor which had been removed from the abdominal cavity, supposing it to be ovarian,

by Dr. Huckenberg, of Coxsackie, N. Y. The patient died thirty-nine hours after the operation.

Dr. Krackowizer, on examining the specimen, remarked that it was a fibrous tumor of the uterus, and thought that a detailed history of the case would be interesting. Dr. Markoe observed that the evident mistake in diagnosis that had been made showed the necessity of a careful examination with the uterine sound previous to operating, in cases of suspected ovarian disease.

Dr. Krackowizer presented a segment of a fore-arm which had been removed by amputation from a soldier who had been wounded at Gettysburg, and whose right arm had been amputated several days after the injury. The stump took several months in healing. When the cicatrization was nearly completed, the patient noticed two nodules upon the stump, small, movable and painful. They increased in size and in sensitiveness, and at last allowed him no rest. By the kindness of Dr. Marsh, Dr. Krackowizer saw the patient at the "Lincoln Home;" concluded that neuroma existed; and as the stump was badly shaped, concluded to remove the disease by reamputation. This being performed, the principal nerves of the extremity were found to terminate in the sensitive nodules already described.

The Society went into executive session.

AMERICAN MEDICAL ASSOCIATION.

FIRST DAY.—MAY 1.

The Seventeenth Annual Meeting of the American Medical Association was held in the city of Baltimore, at Concordia Hall.

The Association was called to order at 11 A. M., Tuesday, May 1, by the President, Dr. D. Humphrey Storer, of Boston.

On motion of Dr. Bissell, of New York, the ex-Presidents and ex-Vice Presidents were invited to take seats on the platform.

The Rev. Dr. Spies, of Baltimore, was introduced, and opened the meeting with prayer.

Dr. C. C. Cox, on behalf of the Committee of Arrangements, in an eloquent address, gave a warm welcome to the Association, and hoped that when the short stay of the members was ended, they would have cause to retain kindly remembrances of the

Monumental City. He expressed his regret that so few delegates from the South were present, and hoped that now that peace had come, they would again return, and aid the Association with their learning and experience in the great work the profession had before it. He paid a high compliment to the fidelity of the surgeons on both sides during the late war, and referred in pathetic terms to the many learned men who have been taken away by death since the Association met in Baltimore eighteen years ago, and closed by again warmly welcoming the visiting brethren.

THE CASE OF DR. MONTROSE A. PALLEN.

Dr. Cox then offered certain documents exculpating Dr. M. A. Pallen of Missouri from the charges brought against him at Boston, and for which he was then expelled.

On motion of Dr. W. Jewell, of Pennsylvania, the order of business was suspended, in order to allow these to be received.

Dr. Cox moved that the papers be referred to the Committee on Medical Ethics, with a request that they report promptly.

Dr. Ordway was disinclined to have the subject go before a committee, and contended that Dr. Pallen should be as speedily and publicly invited to a participation in the business of the Association, as he had been hastily and unjustly expelled at the previous meeting.

Dr. Davis, of Illinois, favored the reference, because he thought, as the action of last year had been placed upon the record of the Association, that all the action reviewing the work of that meeting affecting Dr. Pallen should be spread upon the record. He would like to have it referred to the Committee on Ethics, with instructions to report as early as practicable.

After much discussion, the whole matter was finally referred to the Committee on Ethics, with instructions to report forthwith.

Dr. Worthington Hooker, of New Haven, stated that he was the only member of that committee present; whereupon Dr. Brinsmade, of New York, and Dr. Davis, of Illinois, were added to the committee.

Dr. Thomas E. Bond, of Baltimore, moved that the committee to whom was referred the case of Dr. Pallen be instructed to report the expression of most profound regret that the Association should have been hurried into its unjust action to Dr. Pallen; and that they express the hope that Dr. Pallen would accept such acknowledgment as an expression of a frank apology for the great wrong done him. This, together with an amendment, was laid on the table.

Dr. William B. Atkinson, of Philadelphia, the Permanent Secretary, then called the roll of members.

On motion of Dr. Cox, it was determined that the successive morning sessions of the body should commence at nine o'clock. He afterwards announced the arrangements which had been made for the meeting of the several sections during the afternoons.

Also, on motion of Dr. Cox, Dr. James E. Reeves was invited to a seat with the convention.

Dr. Bond on motion, then brought up his motion with reference to Dr. Pallen.

Dr. Storer, of Massachusetts, explained that the charge against him was not of disloyalty, but that he had been guilty of the grossest unprofessional conduct in an attempt to poison the Croton Aqueduct.

Dr. Jewell, of Philadelphia, called the gentleman to order, saying that the resolution of Dr. Bond was out of order.

Dr. Holton, of Vermont, thought it rather strange to appoint a committee to report in the premises, and then instruct them how to report.

The suggestion of Dr. Bond, which had been incorporated into a resolution, was finally laid on the table.

Dr. Hooker, Chairman of the Committee on Ethics, then presented the following report, which, after being warmly discussed by Drs. Owens and Bond of Maryland, and Tyler of Washington, was finally adopted:

"The Committee to whom was referred the papers in relation to the expulsion of Dr. Montrose A. Pallen, at the meeting of the Association in Boston, respectfully report:

"That they have examined the documents and evidence referred to the Committee, embracing papers endorsed by General U. S. Grant, the Vice-Consul of the United States at Montreal, and many citizens of Missouri, and are fully satisfied that the statements on which his expulsion was based were entirely unfounded; and, therefore, regretting the injustice done, both to Dr. Pallen and the Association, we recommend the following resolution:

"Resolved, That the preamble and resolution adopted by the Association at its annual meeting in Boston, June, 1865, expelling Dr. Pallen, be hereby rescinded; and that Dr. Montrose A. Pallen be restored to his previous membership in the Association."

On motion of Dr. Ordway, a Committee of Three was appointed to wait upon Dr. Pallen, and inform him of the action

taken in his case; and on motion of Dr. Ewens, Dr. Cox was made chairman of said committee.

Dr. Pallen was then presented to the Association, and thanked them in an appropriate and feeling manner for the action they had taken in regard to his case.

THE PRESIDENT'S ADDRESS.

Dr. D. Humphrey Storer, the President, followed with his annual address. His subject was that of Specialties in Medicine. The ground which he took was one of encouragement to all such worthy and qualified young men as chose to confine their particular attention to one branch. The address was a well written and interesting one, and commanded the most respectful attention of all present.

On motion of Dr. Holton, of Vermont, the thanks of the Association were tendered to the President, and the address was referred to the Committee on Publication.

The reports of the Special Committees were then called for, and all the papers that were presented were referred to appropriate sections.

The following voluntary papers were then in turn offered, and in like manner referred: "On Luxation of the Hip-Joint, Nine Months' Standing," etc., by Dr. L. A. Sayre, of N. Y.; "On Improvements in Water Pipes," by Dr. J. C. Draper, N. Y.; "On Extirpation of the Uterus," by Dr. H. R. Storer, of Boston; "On Permanganate of Potassa as a Purifier," by Dr. Craig, of D. C.; "On the Application of Local Anaesthesia to Practical Medicine," by Dr. J. Solis Cohen, of Philadelphia; "On Aluminium in Dentistry," by Dr. Mason, of Mass.; and "On Exsection of Lower Jaw," by Dr. D. C. Enos, of N. Y.

On motion of Dr. Cox, Dr. E. Brown-Sequard was invited to deliver a lecture before the Association upon the treatment of nervous diseases at 11 A. M., on Wednesday.

On motion of Dr. Davis, (Ill.) Dr. H. Marsden, of Quebec, was elected a member by invitation, and invited to a seat upon the platform.

The meeting then adjourned to meet at 9 A. M. on Wednesday.

PROMENADE CONCERT.

During the evening a promenade concert was given to the members of the Association by the Committee of Arrangements, at Concordia Hall. Although the evening was a stormy one, the attendance of ladies and gentlemen was unexpectedly large. At the conclusion of the concert, the company was regaled by a magnificent supper.

SECOND DAY.—MAY 2.

The Association was called to order by the President, Dr. D. H. Storer, at 8 A. M.

The Committee on Epidemics, Meteorology, etc., having been called upon, Dr. Davis stated that Dr. Hamill had presented a report which he had taken to the Section on Epidemics, etc.

Dr. Cox made an additional report from the Committee of Arrangements on Railroads, that invitations had been received from Drs. Smith and Donelson, for the members of the Association to visit their houses that evening. He also recommended the following gentlemen as members by invitation: Drs. Jno. A. Reed, W. Whitridge, L. M. Eastman, of Baltimore; Peter Parker, of China. They were elected.

On motion of Dr. Davis, the order of business was suspended.

The report of the Committee on Publication was read and accepted.

On motion of Dr. Sayre, of New York, the Publishing Committee were authorized to enforce strictly due care in regard to proofs, etc.

The Treasurer then read his report, which was referred to the Committee on Publication.

On motion, the order of business was resumed.

On motion of Dr. Davis, a recess of fifteen minutes was taken by the Association, to allow of the appointment of members of the Nominating Committee.

THE NOMINATING COMMITTEE.

On the resumption of business, the following members of that Committee were announced:

J. C. Weston, Me.; J. C. Eastman, N. H.; Wm. McCollim, Vt.; J. R. Bronson, Mass.; D. King, R. I.; W. Woodruff, Conn.; J. C. Hutchinson, N. Y.; W. Pierson, Jr., N. J.; H. F. Askew, Del.; John L. Atlee, Pa.; J. J. Cockrill, Md.; M. A. Pallen, Mo.; N. S. Davis, Ill.; W. Lockhart, Ind.; J. M. Witherone, Iowa; N. R. Bozeman, Ala.; C. M. Stockwell, Mich.; H. Van Duzen, Wis.; T. A. Atchison, Tenn.; G. Fries, Ohio; G. Tyler, D. C.; W. M. Charters, Ga.; J. Simpson, U. S. A.; N. Pinkney, U. S. N.; Greenville Dowell, Texas.

Dr. W. Hooker offered the following resolution, which was unanimously adopted:

Resolved, That no report or other paper shall be presented to this Association unless it is so prepared that it can be put at once into the hands of the Secretary, to be transmitted to the Committee on Publication."

Dr. Wistar, of Pa., offered the following, which was adopted:

"Resolved, That Drs. Grafton Tyler, W. P. Johnson, and Jas. M. Toner, of D. C., be a Committee to procure a room in the Smithsonian Institution, for the preservation of the archives of the Association."

The Committee on Medical Education not having prepared a report, Dr. J. F. Hibberd offered instead thereof the following preamble and resolution, and moved that it be adopted as the sentiment of the Association :

"Whereas, Two-thirds of the Medical Colleges of the States of Ohio, Michigan, Illinois, Iowa, Missouri, Kentucky, and Tennessee, by delegates in convention assembled in Cincinnati, on the 24th of April ultimo, did, by resolution unanimously adopted, declare their willingness to make their annual college sessions to continue for six months, and to establish a uniform rate of fees, if the other principal colleges of the country will co-operate ; now, therefore,

"Resolved, That the American Medical Association hereby expresses its warmest approbation of the action of the above recited colleges, and expresses the hope that every Medical College in the Union will concur in the proposition thus made."

On motion of Dr. Taylor, of Iowa, its consideration was postponed till 11 A. M. on Thursday, to be acted upon in Committee of the Whole.

Dr. C. A. Lee, of N. Y., commenced reading his report upon Medical Literature. He divided up his subject as follows : I. Periodical Medical Press. II. Medical Literature of the War. III. Literature of the Sanitary Commission and of Sanitary Sciences. IV. State and County Society Transactions. V. Literature of Special Subjects and of Specialties. VI. Literature of Pharmacy and Materia Medica. VII. Of Vital Statistics. VIII. Of Life Assurances. IX. And of Introductory Lectures.

He was interrupted at 11 for the regular order of business, which was the lecture of Dr. Brown-Sequard, on the Treatment of Functional and Organic Diseases of the Nerves.

On motion of Dr. Raphael, of N. Y., the thanks of the Association were tendered to Dr. Brown-Sequard for his interesting, able and eminently practical lecture, and he was requested to furnish an abstract for publication.

Dr. C. A. Lee then resumed the reading of his report.

After this had continued for some time, on motion of Dr. Toner, the further reading was discontinued, and the paper referred to the Committee on Publication.

Dr. Gross, Chairman of Committee on Medical Education,

reported that he had not prepared a report, and asked that the Committee be discharged, which was granted.

REPORT OF PRIZE COMMITTEE.

Dr. E. Eliot, Secretary of the Committee on Prize Essays, read the report of that Committee.

On breaking the seals, Dr. W. F. Thoms, of New York city, was ascertained to be the author of the "Essay on Health in Cities," etc., and was entitled to the first prize, and Dr. S. R. Percy, of N. Y., on "Digitaline," etc., to the second.

On motion, the paper on Angular Curvature of the Spine was referred to the Section on Surgery.

The report of the Committee on Medical Ethics having been offered, it was made the special business for 9.30 on Thursday.

Dr. Marsden, of Canada, having been announced as desirous of making some remarks on Cholera,

On motion, it was agreed that he should follow immediately after the report on Medical Ethics.

Dr. Cohen offered a paper on Paralysis of the Vocal Chords and Aphonias, etc. Referred to the Section on Surgery.

Dr. H. R. Storer offered a paper on the "Clamp Shield," an instrument designed to lessen the dangers of extirpation of the uterus by abdominal section.

Dr. Bozeman, of Ala., was introduced to the Association, and on motion of Dr. Holton, he was made the member of the Committee on Nominations for Alabama.

Dr. Askew offered the following resolution on the death of Dr. Cowper, which was unanimously adopted :

"Whereas, We have heard with profound regret of the death of our deservedly esteemed friend and associate, James Cowper, M. D., of Delaware, late Vice-President, and one of the founders of the National Medical Association; and whereas, we desire to express our high appreciation of his worth as a man, and valuable and untiring energy in the cause of medical science; mild, modest and unassuming, of devoted piety, he was firm, constant and reliable; a strict adherent to the ethics of the profession, he occupied a front rank, and died beloved, respected and lamented by all who knew him,

"Resolved, That in the death of Dr. James Cowper we have lost a friend and brother, and that we sincerely and deeply condole with his sorrow-stricken widow and family, and that the Secretary be authorized to forward a certified copy of these resolutions to his family."

Dr. Toner, of D. C., offered the following resolution, which was adopted :

"Resolved, That instead of yearly reprinting the list of members of the American Medical Association with the Transactions of the same, the Secretary be instructed to prepare and have printed in pamphlet form, a triennial alphabetical catalogue, containing the Constitution of the Association, and a list of members with their full names, designating their residences, the year of their admission, arrearage of yearly dues, the offices they may have held in this body, and in case of death or resignation, the year, and distribute the same among the contributing members."

On motion, the resolution was referred to Committee on Publication.

Dr. J. C. Hughes, of Iowa, offered a paper on Lithotomy, which was referred to Section on Surgery.

Dr. Taylor, of Iowa, introduced a resolution for the appointment by the President of the Association of a member from each State, to memorialize Congress for an appropriation to publish the reports and documents of the Surgeon-General of the United States.

Dr. Pallen recommended that the reports and documents of the like character connected with the rebel army, be also referred to the same committee for access to the same. Dr. Pallen, after some discussion, withdrew his amendment.

The original motion was carried.

It was then moved that the President announce said committee on Thursday morning.

The meeting then adjourned.

SECOND EVENING.—SOIREE AT PRIVATE RESIDENCES.

The evening was occupied by the members of the Association in responding to the kind invitations of the physicians of Baltimore to soirees at their respective residences. The houses of Drs. C. C. Cox, Bond, Surgeon Simpson, U. S. A., Professor N. R. Smith, and others, were thrown open. The entertainments were of such a character as reflected great credit upon the taste and hospitality of the gentlemen concerned.

THIRD DAY.—MAY 3.

The Association was called to order at 9 A. M. by the President, after which, the announcement of the members of the Committee to memorialize Congress on the publication of the surgical history of the war, was made.

Dr. C. C. Cox, of the Committee on Necrology, reported progress, and on motion of Dr. Hibbard, permission was given the reporter to send the report when ready to the Committee on Publication.

THE DEATH OF PROFESSOR JOSEPH M. SMITH, OF NEW YORK.

Dr. Alfred C. Post offered the following, which was unanimously adopted :

"Resolved, That the Association has heard with sincere regret of the death of its late distinguished member, Joseph M. Smith, M. D., of New York :

"Resolved, That we cherish his memory as that of a learned and skilful cultivator of medical science, an able and successful teacher and writer, an upright and honorable man, and a patriotic and public-spirited citizen.

"Resolved, That the Secretary communicate to the family of the deceased, an expression of our sympathy with them in their bereavement."

Dr. C. A. Lee arose to speak to these resolutions, which he did with much feeling. He hardly thought that it was necessary to say anything in regard to the life or character of such an excellent and well-beloved man, but as he had been intimately acquainted with him for over thirty years, he did not think it out of place for him to say a few words. After referring in an appropriate manner to his acquaintance with the deceased, he remarked "that a more pure, upright and conscientious man I never knew, particularly with reference to his intercourse with medical men. When I think of the great loss we have sustained in him, I am at a loss to express myself."

Dr. J. S. King, of Natchez, Mississippi, forwarded a communication to the Association, stating that he was engaged in the compilation of the mortuary and similar statistics of the principal cities and towns of the country, and requesting that physicians would transmit to him such information upon those subjects as they could gather in their respective localities.

The Secretary read a communication from the Dubuque (Iowa) Medical Society, requesting the erasure of the name of Dr. Asa Horr.

On motion of Dr. Jewell, the request was granted.

Dr. Maybury, on behalf of the Committee on Publication, to whom Dr. Toner's resolutions were referred, reported the following as a substitute, which on motion was adopted :

"Resolved, That instead of yearly reprinting the list of members of the American Medical Association, the Committee on Publication be instructed to prepare and print with the Transactions, an alphabetical catalogue triennially, containing a complete list of the permanent members, with their names in full, designating their residences, the year of their admission, the offices they may have held in the Association, and in case of death or resignation, the date thereof."

THE REPORT OF COMMITTEE ON ETHICS.—SPECIALTIES IN MEDICINE.

Dr. Worthington Hooker offered the majority report, and in the main took the ground adverse to exclusive and partial specialties. In reference to exclusive specialism, he maintained that local affections were apt to be unduly estimated, to the exclusion, perhaps, of other parts of the system that were of more importance in the production of a particular disease; that diseases cured by a specialty are magnified in their importance; that specialists too frequently undervalue the treatment of diseases by the general practitioner; that there is a temptation to employ undue measures to obtain notoriety; and that he is further tempted to charge unduly large fees. The fields of medical practice were so large that the profession was always willing to seek advice from those who had devoted attention to particular subjects; but this should not encourage exclusive specialism. The specialty should be a natural outgrowth from the general practice, and should never be separated from it. If this were so, a full, frank, and free intercourse would be had between the specialists and general practitioners. The means availed of by the specialties to bring this fact before the public should be ordinary, and not extraordinary. There should be neither advertisements nor puffs in the newspapers. The professor in a school has been chosen for it by those who are competent to discuss his merits for that position; if he were by himself to place before the public the fact that he is specially skilled in the branch taught by him, he would come under this censure.

The report was well drawn up, and claimed the undivided attention of the members.

Dr. Kennedy, of New York, followed with a minority report, stating that he would read it in the absence of the writer. The writer believes that the whole tendency in every department of science is towards specialties. Science has been advanced during the last century by this course. Recently this tendency has shown itself in the persons of certain practitioners who resign all general practice, and confine themselves to the specific department they have chosen. No association can object to the advertisement in such cases, unless it is of a mountebank character. The report was signed by H. J. Bowditch.

The subject was then discussed by Drs. H. R. Storer, of Boston, Worthington Hooker, of New Haven, and others; but the hour of eleven having arrived, Dr. W. Marsden of Quebec was introduced, and proceeded to address the Convention on the subject of Cholera connected with Quarantine.

CHOLERA AND QUARANTINE.

Dr. Marsden, of Quebec, according to previous appointment, made some remarks upon Cholera. He commenced by stating his belief in the communicability of cholera, and the efficiency of a rigid quarantine. He had witnessed the first case that had occurred on the American Continent, and since that time had given much attention to the study of the disease. He was now convinced that every case of cholera could be traced to infection, and that the proper soil for the propagation of the disease was to be found in filth and the neglect of the ordinary sanitary precautions. He believed that all clothing from patients suffering from the disease should be destroyed, and thus be prevented from spreading the disease. He believed that isolation would prevent the appearance of the disease in any community, and related an instance in point which had made such a strong impression upon him that he was caused to think first of his plan of quarantine. It seems that a schoolmistress, in a locality where cholera threatened to make its appearance, consulted the doctor on the best course to pursue. He advised her, as soon as the disease should appear, to isolate the school from the rest of the town, by closing her gates and doors. This was done, and not a single case of cholera occurred within the walls. Dr. Marsden next gave the members a detailed account of his system of quarantine. As all of our readers may not be familiar with this plan, we will quote from his printed report which he gave us:

“1. The Cholera Quarantine Station shall be divided into three separate and distinct sections or departments.

“2. Each of these three sections or departments shall be isolated and separated from the others by a *cordon* or portion of neutral ground of not less than one hundred feet wide.

“a. One of these sections or departments shall be appropriated to the use of the sick, and shall be the Hospital Department.

“b. The next or central section or department shall be devoted to the use of passengers not having had cholera, but from infected vessels.

“c. And the third or healthy section or department shall be appropriated to the use of the healthy, who have been removed from the central department, after having performed quarantine there.

“A. In the first section or department there shall be three separate and distinct hospitals, besides a convalescent shed or hospital.

“a. The one for confirmed cases of cholera to be called the Cholera Hospital.

"b. Another for cases of choleraic diarrhoea, or other premonitory symptoms of cholera, to be called the Hospital for Cholerine.

"c. The third for all other diseases not cholera or choleric, but coming from on board infected vessels, or vessels having had cases of cholera on board, to be called the General Hospital.

"B. The next or central section or department, shall be the primary quarantine department, and shall be appropriated to all persons who are not sick, but come from vessels having had cholera on board, and wherein every case on landing shall undergo inspection, washing, cleansing, and purifying both of persons and personal effects. There a quarantine of four days shall be performed, at the end of which period of time all such persons as continue in sound health shall be removed to the Final Quarantine Department, and any that may fall sick or be threatened with sickness during the four days of probation, shall, as soon as detected, be removed to the proper hospital, in the Hospital Department. There also the healthy inmates shall be removed daily to a new locality, thus occupying four different habitations during their sojourn.

"C. The third or healthy department, shall be the Final Department, and shall be for all cases coming from the Primary Quarantine Department, after having been cleansed, washed, and disinfected, and after having undergone the *four days'* quarantine; and here a further quarantine of *six days'* shall be performed (excepting hereinafter provided for), making in all *ten days* of quarantine, when all persons continuing healthy shall be discharged from quarantine, and be removed from the station. If any premonitory symptoms or any other cases of sickness occur in this department during the six days of quarantine, they shall, as soon as discovered, be removed to the proper hospital, in the Hospital Department.

"No communication shall take place with the Hospital Department, except through the central or Primary Quarantine Department, for which purpose a passage, unfrequented by the persons undergoing quarantine, shall be set apart and reserved."

Dr. Lee moved the thanks of the Association to Dr. Marsden for his interesting and practical address, and the request of the body that he furnish it with a digest of his communication.

Dr. Bond amended, that those papers accompanying the lecture be commended to the city authorities, and the authorities having such matters in charge throughout the country, for their action.

Dr. Jewell thought the matter should be further investigated,

and moved its reference to the Section on Hygiene, to meet that afternoon.

The special business of the day was suspended to allow the Committee on Nominations to report.

THE OFFICERS FOR 1866-7.

President—H. F. Askew, Delaware.

Vice-Presidents—W. K. Bowling, Tennessee; J. C. Hughes, Iowa; H. J. Bowditch, Massachusetts; Thomas C. Brinsmade, New York.

Permanent Secretary—William B. Atkinson, Pennsylvania.

Treasurer—Casper Wistar, Pennsylvania.

Assistant Secretary—W. W. Dawson, Cincinnati.

Committee of Arrangements—Drs. John A. Murphy, James Graham, R. R. McIlvaine, J. P. Walker Unsicker, William T. Brown, William B. Done, Cincinnati.

Committee on Medical Education—Drs. T. D. Gross, D. F. Condie, John Bell, H. J. Bigelow, Charles A. Pope.

Committee on Prize Essays—Drs. Francis Donelson, Maryland; Simpson, U. S. A.; C. C. Cox, Warren, Van Bibber.

Committee on Publication—Continued.

Committee on Medical Literature—Drs. A. C. Post, James Anderson, H. D. Noyes, T. G. Thomas, Stephen Smith, all of New York.

Committee on American Medical Necrology—Dr. Wood, Delaware, substituted for Dr. Cooper; Jno. L. Callender, in place of Dr. Bowling; Jno. Blaine, in place of Wm. Pearson. The following were added: Drs. R. D. Arnold, Georgia; Lopez, Alabama; G. Dowell, Texas.

Committee on Climatology—H. Jones, in place of C. L. Allen, Vermont. The following were added to the committee: Drs. U. Harris, Georgia; G. Engelmann, Missouri; R. Miller, Alabama; Fenner, Louisiana; G. Dowell, Texas.

All special committees are to be selected by the sections to which the subjects relate.

THE NEXT PLACE OF MEETING.

The place recommended for the next place of meeting of the convention is Cincinnati, Ohio, on the first Tuesday in May.

On motion of Dr. Ordway, of Boston, the report of the committee was adopted.

On motion, the Association went into a committee of the whole to discuss the resolution offered by Dr. Hibbard, having reference to extending the time for the course of study in the different medical colleges.

The whole matter was earnestly discussed by Drs. D. H.

Storer, Worthington Hooker, Wright, of Ohio, Davis, of Ill., and others, and resulted in the passage of the following resolution, offered by the last gentleman:

"Resolved, That the Association most earnestly request the medical colleges of the country to hold a convention for thoroughly revising the whole system of medical college instruction, for the purpose of establishing more uniformity of time, and a more systematic course of instruction for the whole."

The report of the Committee of the Whole was adopted, and a committee, consisting of Drs. Davis, W. Hooker, S. D. Gross, Wright and Shattuck, was appointed.

Dr. C. C. Cox read the report "On Rank in the Army," which was referred to the Committee on Publication.

Dr. Cox then offered the following, which was adopted:

"Resolved, That the President of this Association bring before the notice of the Military Committees of both Houses of Congress, at as early a period as possible, the present status of medical men in the military service of the U. S., and urge upon them that in the army medical bills, under consideration of Congress, the interests of the medical profession shall be so regarded that the medical staff in the service shall, numerically considered, receive the same rank and command as officers in other staffs of the army are justly entitled to."

The committee appointed to act on the foregoing resolution were Drs. D. H. Storer, C. C. Cox, Antisell, Johnson and Allen.

On motion of Dr. Cox, the following members, by invitation, were elected: W. D. Stewart, Va.; W. S. Forward, H. W. Stump, and J. L. Chaplain.

A committee was appointed on the subject of Fracture of the Spine, of which Dr. Brown-Sequard was made chairman.

On motion, Drs. Post, Antisell, and Atlee were added to complete the Committee on Medical Ethics.

SPECIALTIES AGAIN.

On motion, the report of the Committee on Ethics, which had been laid on the table, was called up.

On motion of Dr. Toner, the resolution attached to the minority report was omitted, and the reports were both adopted.

A motion to reconsider next prevailed, and the resolution was added to the minority report referred as before.

Dr. Homberger, of N. Y., made a request to offer a personal explanation, which, after considerable discussion, confusion and sensational speaking, was granted.

On motion of Dr. Sayre, it was agreed to hold an adjourned meeting at 5 p. m., to discuss the subject of cholera.

A communication from Dr. McGee, "On Periosteal Flap Amputations," and one from Dr. Elsberg, N. Y., "On Diagnosis of Diseases of the Larynx," received, and both referred to the Section on Surgery.

The meeting then adjourned until 5 P. M.

THIRD DAY—AFTERNOON SESSION.

At 5 P. M., according to previous adjournment, the Association met, and after being called to order, resolved itself into a Committee of the Whole, choosing Dr. Davis as Chairman.

The subject for discussion, as previously announced, was

CHOLERA.

Dr. Sayre, of New York, opened the discussion. He considered that the disease could not reach here unless it was brought here; that it could not be generated here. It multiplies its ravages when filth and uncleanliness abound, and is generated in a sandy, level country, beneath a temperature of 128 degrees. There the decomposing animal and vegetable substances originate this peculiar poison. He believed that it accompanied the individual, and that it did not travel by atmospheric power. He thought that the Government was responsible for permitting the disease to get into the land. A rigid, proper quarantine, universally adopted by the General Government in combination with the British Provinces, would, in his opinion, prevent its admission to our continent. We had no quarantine, rightly considered. The disease in 1849 did not originate in Baxter street, New York, but took its origin from an infected person who escaped from quarantine. The cabin passengers escape because the disease has not traveled 200 feet nor 10 feet from the steerage to the cabin. He remarked that he did not believe in mysteries, but wished to understand facts in his own way. If the valuable information that he had obtained from Dr. Marsden were put into practical application by the General Government, he believed that millions of money and millions of lives would be saved.

Dr. Linton protested against the doctrines advanced that morning and evening. We had medical journals through which we could discuss this subject a long time before the cholera would get here, and a long time before quarantine could prevent its getting here. "Who can believe that cholera could have been prevented from coming here in 1849? I do not believe it is any more contagious than intermittent fever. I am certain that nine-tenths of the physicians of this country are convinced of this fact. I say to the citizens of New York, Baltimore and Canada, you may have no fears of the cholera. If it comes, it

will arise in your midst. Cholera is not a disease (!!)". He did not believe that there was any truth in the doctrine of contagion. "Cholera breaks out in ships after they are six weeks at sea. I saw a case in St. Louis two months ago. Where did the Asiatics get it from?"

Dr. Bell, of Brooklyn, thought the facts of Dr. Marsden inconsistent with the results of observation. Dr. M. had traced it first from a brig in Liverpool. He did not say that cholera existed in Liverpool at the time. Dr. B. believed cholera can be traced to various places other than Asia. "If cholera is contagious, it takes various roundabout ways of making short journeys. It took an exceedingly roundabout way to the principal cities of Europe. Of the present epidemic, it is said the Mecca pilgrims first had cholera. The evidences I have collected are against strict quarantine. The passengers of the Atlanta were detained at quarantine; no cases occurred among the well passengers after they left the ship. Of all the things likely to originate cholera, none are equal to a crowded, filthy ship. None of the passengers or things of the Atlanta were taken to Ward's Hospital. I would protest against the endorsement of any restrictions against persons advised by Dr. Marsden. The detention of well persons can never protect us against any disease. Our protection is in our clean houses, for cholera often leaps over healthy residences. The action of the health officers at the New York quarantine has been fatal to well persons, and has tended to ward off investigation of the places where cholera originated."

Dr. John Atlee, of Pa., said that it was difficult to know the facts in large commercial cities. "There are a thousand avenues to such cities as New York and Boston; but in the inland districts we are more likely to reach a better observation of facts. In 1832 I was in the midst of cholera at Lancaster County Hospital, Pennsylvania. I believed that cholera and yellow fever were diseases independent of any idiomastic conditions of the atmosphere. In July or August, 1854, a certain peculiar condition of the air existed. The water of the Susquehanna was very low, and the water of the basin very filthy, yet there was no cholera. There were, however, some cases of bilious and intermittent fever. One day a car of emigrants came from Philadelphia to Columbia; two or three of the passengers were ill, and were put upon the platform. Four gentlemen seeing them there at the point of death, conveyed them to a shed. In the next twenty-four or forty-eight hours not one of them was living. In two or three days the cholera prevailed in Columbia. In the Lancaster County Hospital the

winds were from the south. We had no cholera. A few days after the cholera broke out in Columbia, an emigrant reached there afflicted with choleric. Shortly after two or three cases of cholera existed. The same train conveyed the cholera to Pittsburgh. Passengers came to the vicinity of Lancaster at a place called Paradise. Their effects were sent to Lancaster, in a high and healthy location. The relative who washed the clothes died of cholera. It is a contagious disease. Why did it not spread? Why did not small-pox spread? There is an atmospheric constitution favorable to the development of disease. The result of observations in Sweden was that it had been conveyed there by the clothes of sailors. I think Dr. Marsden is right and Dr. Sayre is right, and our friends in Philadelphia must come to the same conclusion if they wish to preserve that metropolis from the ravages of the cholera."

Dr. Sayre said the quarantine law of New York, as now enforced, is a disgrace to civilization. Dr. Carnochan, himself, and others, saw the cases on Ward's Island, and they all came to the conclusion that they were not cases of cholera.

Dr. Bell remarked that Dr. Geo. Ford insisted that the Ward's Island cases he treated were those of cholera.

Dr. Sayre then quoted from Dr. Ford's official statement in the annual report of the Commissioners of Emigration, in which he (Dr. F.) stated on page 52, that those "twenty-seven deaths were caused by *diarrhaea* and *dysentery*." This was the *official* statement of Dr. Ford.

Dr. Marsden said that cholera followed human travel. He adduced other facts to demonstrate its contagious character. It is infectious in person and personal effects. He urged the necessity of guarding against any communication between the infected and the well. Equanimity, cleanliness and temperance were three great adjuncts to the quarantine.

Dr. Jewell, of Pa., said: "I have been charged with disseminating cholera. I have done all I could to prevent its entrance to Philadelphia. Cleanliness and ventilation will do much to that end. We have been engaged at that during the past winter. I do not believe in quarantining healthy people. That would be disseminating the disease by giving it to the well persons on vessels where cholera existed. We had the epidemic in the summer of 1849 in Philadelphia. It began in four different portions of the city. The first case was at Richmond, the second at Eighth and Spring Garden streets, the third in Moyamensing. These were all in the centre of the city, except at Richmond, and remote from the Delaware. The filth produced the disease in Richmond and along the Delaware. In 1882 the

first case was on the Schuylkill, in a canal boat that came down from the upland country. There had been no foreign arrival in Philadelphia. It came from a poisoned atmosphere. In 1849 no flies were living. In Wheeling the birds died. The doctrine of contagion is dangerous, and will deprive the sick of assistance. Small-pox does spread, and if we had not vaccination it would spread more than it does. Contagion and infection are distinct. Contagion is the principle communicating the disease from one person to another. It is not so with cholera. There were no cases of contagion in 1832 or 1840. No vessels arrived with cholera on board. They may have arrived after the disease appeared. I am sorry the resolution was introduced. Next year we will be better able to test the value of Dr. Marsden's information. The poison of cholera will increase rapidly by contact with filth. It is only by purification of the city that cholera can be prevented."

Dr. Lee followed with some brief remarks sustaining the views of Dr. Marsden, and maintaining that it was contagious under certain circumstances. Certain neighborhoods of a very filthy character were not attacked until emigrants came there.

The Committee of the Whole rose, and the Association adjourned without further action.

THIRD EVENING.—ENTERTAINMENT BY THE CORPORATE AUTHORITIES.

The corporate authorities of the city gave an entertainment to the members this evening, at which were present all the notabilities of the city, including the principal officers and members of the City Councils. The entertainment was prepared in the most generous and magnificent manner, and reflected infinite credit on the donors. Between four and five hundred gentlemen were present. The supper was called at nine o'clock. A band of music, stationed in the gallery, initiated the occasion with an appropriate air, and at intervals in the course of the evening performed all the national hymns and songs. After discussing the substantials of the bill of fare, the customary toasts were given by Dr. J. Faris Moore, toast-master, and suitably and eloquently responded to by gentlemen of the municipal government of the city, and the officers and members of the Association, the attention and laudations of the great assemblage being specially directed to the eloquent response made by Dr. N. Pinckney to the toast, "The navy of the United States and its medical corps." Other toasts were equally well received, and the interest of the supper was sustained until a late hour in the evening.

FOURTH DAY.—MAY 4.

The Association was called to order at the appointed time, 9 A. M., by the President. After which, the Minutes of the previous sessions were read by the Permanent Secretary, Dr. W. B. Atkinson, of Philadelphia.

Dr. Cox was, on motion, accredited as a delegate to the Foreign Societies.

Dr. Garrish, of N. Y., offered the following, which was adopted:

Resolved, That all the members of this Association urge upon the legislatures of the various States the great importance of making it compulsory that all marriages, births, and deaths, be registered.

MEDICAL RANK IN THE NAVY.

The Naval Committee appointed at the last meeting of the National Medical Association having failed to report upon the subject of naval medical rank, it was moved by Dr. Cox that Surgeons Wm. M. Wood, Ninian Pinckney, and David Harlan, U. S. N., be appointed a committee to report upon this subject at the next meeting of the Association. Adopted.

Various amendments were next brought up and laid upon the table.

The reports of the various sections were then in turn called for, and adopted. They will be found in another place under appropriate headings.

Dr. Holton, of Vt., offered the following, which was unanimously adopted:

Whereas, The author of the Essay, Dr. H. R. Storer, to whom the prize of \$100 from this Association was awarded in 1865, refused to receive the amount thus awarded, consequently increasing the resources of the Association to that amount; therefore,

Resolved, That the thanks of this Association are hereby tendered to Dr. H. R. Storer for this display of liberality."

The Committee on Ethics appointed to report on the resolutions of the Montgomery Medical Society, recommended a reference of the whole matter to the Medical Society of that State.

Dr. Holton offered the following, which was lost:

Resolved, That at the future meetings of this Association there shall be held two general sessions, one in the morning and one in the evening, unless otherwise ordered."

Dr. King, of Pittsburgh, offered the following:

Resolved, That this Association, approving of the system of quarantine proposed by Dr. Marsden, of Canada, as the

most effectual means for preventing the introduction of cholera into this country, do earnestly recommend the propriety of its adoption at all our ports of entry, to the favorable consideration of Congress."

The House then on motion, after a little discussion, went into a Committee of the Whole, Dr. Davis being Chairman.

Dr. Bell, of Brooklyn, was granted the privilege of making a personal explanation of his statements in reference to cases of cholera on Ward's Island, and although he persisted in his original assertion, the Chair declared that the whole matter was, he presumed, well understood by the Association, there being only a different scientific opinion entertained by two different parties.

The resolution of Dr. King was then taken up, and after much discussion,

Dr. J. H. Burge, of Brooklyn, offered the following, which, after eliciting many remarks from Drs. Horton, Storer, Post, Lee, Pinckney, (U. S. N.,) Marsden and J. Anderson, (N. Y.,) was, on motion, laid on the table. The following is the resolution:

"Resolved, That this Association appoint a Committee of Ten to memorialize Congress to the following effect: That whereas, in the opinion of many eminent physicians, the system of quarantine recommended by Dr. Marsden, of Canada, for protecting our country from Asiatic cholera, would prove effective; therefore, *Resolved*, that we earnestly petition the Government of the United States to make an immediate and ample appropriation, and take all other necessary measures to test the utility of said system."

The Committee of the Whole rose and reported accordingly.

The President resumed his seat.

Dr. Cox moved that Dr. J. C. Tucker, of Nevada, be a member by invitation. Adopted.

Dr. Stokes offered the following as the report of the Section on Psychology, which was accepted and referred:

"The Section on Psychology unite in requesting that a committee be appointed to make a report at the next annual meeting on Insanity, and ask that Drs. J. Ray, of Providence, R. I.; Clement C. Walker, Massachusetts; A. B. Cabaniss, Mississippi; W. S. Chipley, Kentucky; and John Fonerdin, Maryland, be appointed said Committee.

CLEMENT C. WALKER, *Chairman.*
WM. H. STOKES, *Secretary.*

The report of the Committee of the Whole in reference to the question of Quarantine was then adopted by the Association.

DEATH OF PROF. D. L. MAGUGIN, OF IOWA.

Dr. Taylor, of Iowa, presented the following:

"Whereas, After a long and laborious life devoted to the practice of medical art and promotion of the interests of medical science, Dr. D. L. Magugin, of Iowa, has been called to the final rest of all good men:

"Resolved, That the Association, while deeply regretting the loss they have sustained, will ever keep alive the memory of his many virtues and professional worth, and commend the example of his untiring devotion to our common cause.

"Resolved, That a copy of these resolutions be furnished his family with sincere condolence."

Dr. Garrish, of New York:

"Resolved, That the members of this Association tender their heartfelt thanks to our professional brethren of Baltimore for the liberal, cordial and satisfactory manner in which they have entertained us."

Dr. H. R. Storer offered his report as Delegate to the last meeting of Superintendents of American Institutions for the Insane, and presented the following for adoption:

"Resolved, That the Association recommend to the several medical and law schools of the country, the establishment of an independent chair of Medical Jurisprudence, to be filled if possible by teachers who have studied both law and medicine; attendance upon one full course of lectures from whom shall be deemed necessary before the medical degree is conferred.

"Resolved, That while this Association regrets that the Association of Superintendents of American Asylums for the Insane has not yet thought fit to unite itself more closely with the representative body of American physicians, it still is of opinion that such union is for their mutual and reciprocal advantage, and that it ought to be effected without further delay."

On motion, the above was adopted.

After the transaction of business of minor importance, the Association adjourned *sine die*.

CHICAGO MEDICAL SOCIETY.

Drs. R. M. Lackey, F. O. Earle and J. S. Sherman were duly elected members of the Society.

CEREBRO-SPINAL MENINGITIS.

Dr. Paoli read the history of an interesting case of this disease, successfully treated with bromide of potassium. The paper is given in full on another page of the Journal.

Drs. Bluthardt, Fitch, Clarke and Holmes, reported verbally cases in which the peculiar pain in the back of the head and neck, with more or less tonic contractions of the posterior cervical muscles were constant symptoms. In all these cases there were at some stage of the disease regular and marked exacerbations of the symptoms as if influenced by malaria. Quinine seemed to afford but temporary benefit.

FATTY DEGENERATION OF KIDNEYS, ETC.

Dr. Bevan exhibited portions of the lungs, liver and kidneys of a patient who, after an illness of six weeks, had been brought to the Cook County Hospital three days before death. No satisfactory history of the case could be obtained. On entering the hospital, there were general anasarca, delirium and aphonia. The urine was found to contain large quantities of albumen. There was great dullness over the left lung.

The kidneys presented the peculiar mottled appearance, observed in several other specimens previously exhibited to the society, indicative of fatty degeneration.

The liver was atrophied and presented a marked hob-nail appearance.

The whole of the left lung was hepatized.

URINARY CALCULUS.

Dr. Bogue exhibited a urinary calculus which he had removed from a child, three years of age, at the Cook County Hospital. Symptoms of stone had existed about a year. The calculus was of a very peculiar shape, long and pointed at each end, resembling almost perfectly a small almond. Its weight was 31 grains. A section through its short diameter showed marked concentric layers. It was principally composed of uric acid.

It was removed through the urethra, which had been previously dilated by means of dried sponge tent, and still further enlarged by small lateral incisions through the mucous membrane.

OSTEO-MYELITIS.

Dr. Bogue also exhibited specimens of osteo-myelitis of the tibia and fibula following amputation, which had been performed in a case of frost bite. The patient, at the time of the exposure

to cold, was in poor health in consequence of a severe gun-shot wound of the same limb. He did well for a few days, when he was seized with severe chills and fever. Symptoms of pyæmia soon appeared, followed by death in twelve days. An examination showed a large abscess in the left lung, which was extensively hepatized. The kidneys presented evident traces of fatty degeneration.

ANEURISM OF THE AORTA.

Dr. Heydock exhibited a specimen of aneurism of the aorta, with the following most interesting history: Mr. B., captain of a lake vessel, aet. 35, had suffered for two years from aphonias and cough, with a degree of dyspænia, which was partially relieved by bending forward. He had been examined by several careful and skillful practitioners. Patient came under the care of Dr. H. about four months ago. Pulse 74. There was constant pain in left arm and shoulder. The lungs were apparently healthy, except at the summit of the right side of the chest, where there were slight indications of tubercles.

No abnormal sounds of the heart could be detected by several experienced auscultators. One of the most marked and painful symptoms was extreme vigilance, which was scarcely affected by enormous doses of morphine.

At the autopsy which was recently made, the right lung was found perfectly healthy except at its summit, where there were small deposits of tuberculous matter.

The left lung was carnified and adherent in places to walls of the chest. Spleen healthy. There were calcareous deposits in the trachea. A large aneurism was found at the upper portion of the descending aorta, implicating the par vagum nerve. The recurrent laryngeal nerve seemed to have been destroyed by pressure from the aneurism.

HARD CATARACT.

Dr. Holmes exhibited three specimens of hard cataract which he had recently extracted, and which were specially interesting as showing the capsule intact. In each case the extraction was preceded several weeks by a removal of a portion of the iris downwards. In extracting the two small specimens, after the

section of the cornea had been completed, the opaque lens, covered with its capsule, at once escaped before the instrument for incising the capsule could be introduced. The pupil was thus left perfectly clear and free from fragments of the capsule and cortical substance. The recovery in these two cases was complete and most fortunate. By holding the small bottles to the light, the great delicacy and transparency of the capsule could be seen surrounding the opaque substance. In the case of the patient from whom was taken the specimen which seems much shriveled, the diagnosis could be readily made before the operation of a hard, yellowish, central cataract, floating in a cortical substance reduced to a milk-like fluid, since motions of the head caused the central hard nucleus to sink from one side to the other. The alcohol in which the specimen was preserved caused the fluid to pass through the capsule, leaving the latter in transparent folds.

In reference to the third specimen, Dr. Holmes stated that the case afforded a remarkable example of the manner in which an eye may suffer violence and yet recover sight. The patient was a lady, 66 years of age, and a cripple. The extraction was delayed six weeks after the iridectomy, in consequence of repeated attacks of diarrhoea and intermittent fever. After the recovery from the iridectomy, it was evident, the cataract was unusually large. Dr. H. stated, however, that he believed there was sufficient soft cortical substance to enable the cataract to pass through an opening of ordinary size in the cornea.

Although a large quantity of chloroform was administered, and the patient was so deeply under its influence as not to show signs of consciousness when the conjunctiva was seized with the forceps, and when the knife entered the cornea, yet, before the section was completed, the patient suddenly moved her head. This necessitated a second seizure of the conjunctiva with the forceps. With the most valuable aid rendered by his friend, Dr. Powell, during the operation, the section of the cornea, however, was completed without accident. After the rupture of the capsule with the usual instrument, it was found that the diagnosis had been faulty in regard to the condition of the cortical substance, the whole of which was very hard and quite

firmly attached to the capsule. As the cataract had already entered the opening in the cornea, it was thought best to try gentle pressure on the globe rather than enlarge the incision in the cornea. After considerable (yet not undue) pressure, the whole lens escaped, the nucleus and hard cortical substance protruding from the capsule, like the pulp of a grape partially escaped from its skin. Not a trace of vitreous humor was lost.

A soft compress, soaked in a solution of atropine, was placed over the eye and confined by a bandage passed quite firmly around the head. At a visit late in the evening after the operation, the patient was very comfortable. Quite early in the night, however, she was attacked with severe diarrhoea. In spite of the attendants, she insisted on constantly getting out of bed.

Notwithstanding these unfortunate accidents, the cornea healed rapidly. Vision was excellent.

A comparison of the different specimens will show the unusual size of the cataract.

Dr. H. stated that, what with him occurred as an accident in removing the lens and capsule together, has been recommended by a recent writer as a measure advisable wherever it can be accomplished.

REGULAR DISCUSSION OF THE EVENING.

LOCOMOTOR ATAXY.

Dr. Heydock, in opening the discussion, stated that he would confine his remarks principally to the history of a single case now under his observation.

A gentleman, aged 61 years, having enjoyed good health, began, two years since, to experience symptoms of locomotor ataxy, which commenced and increased in severity almost imperceptibly. The effects of the disease appear to be confined to the muscles of the legs, which seemed to lose their power of acting co-ordinately. The surface possesses its normal sensitiveness; the muscles their full strength, judging from the manner in which he can use them while lying down. In walking, the motions of the limbs are similar to those of an intoxicated person. He is obliged to fix his eyes upon the place where he wishes to plant his feet, in order to walk with any

degree of security. This even requires, apparently, great effort of will. On closing the eyes, or in walking in the dark, he loses confidence and falls easily. The patient was able to attend his ordinary business.

Dr. H. stated that, according to the best authorities, the disease was accompanied with different symptoms in different cases. Sometimes, though not often, the muscles of the arms were affected; there was pain and partial loss of feeling in the limbs; occasionally, the symptoms were confined to one arm and one leg; usually, however, to both legs. In some cases, the special senses, particularly the sight and hearing, were impaired. The limbs do not generally become atrophied, as in ordinary paralysis.

The disease seems to be a degeneration of the posterior columns of the spinal cord; the nerve fibres appear to be so changed that the power of communication between the brain and the muscles of the pelvis and the lower limbs exists in a very abnormal condition. This is owing to atrophy of the nerve fibres which compose the spinal cord.

Dr. Ross gave the history of a case of this disease, which had fallen under his observation. The paper will be given in full in our next issue.

Dr. Bluhardt read a synopsis of the opinions of distinguished authorities in reference to this disease.

Remarks were made upon the general subject by Drs. Paoli, Hildreth, Lyman, Peterson and Durham.

SELECTED ARTICLES.

MISCELLANEOUS.

Nitro-Glycerine.—The terribly explosive properties of this dangerous substance have been illustrated by a painful coincidence of events in San Francisco and Aspinwall, by which many lives and much property have been destroyed. It is strange that similar accidents have not previously occurred in the mining districts of the Pacific coast. Nitro-glycerine, or glonoine, as it is sometimes called in medicine, is prepared by allowing glycerine to fall drop by drop into a mixture of equal parts of

nitric acid and oil of vitriol, care being taken to prevent the temperature from rising too high. A heavy, oily-looking liquid collects at the bottom of the vessel, which has a sweetish aromatic taste, and is a dangerous poison. A single drop placed upon the tongue produces a severe pain in the head for hours. Its formula is $C_6H_8(NO_4)_2O_6$, or for two equivalents of hydrogen in the glycerine two of peroxide of nitrogen are substituted. A drop placed upon paper and struck on an anvil produces a powerful concussion. Under circumstances little understood the friction of its particles among themselves even when frozen, or contact with some foreign substance, is sufficient to produce such effects as those below given. Its manufacture or storage in some parts of Europe is forbidden, and the Mayor of New York has acted wisely in causing the removal of all found in that city.

The following particulars of the disaster are from the *Panama Star and Herald*:

“Nearly, if not all the local freight of the European had been delivered, when about 7 o'clock in the morning of the 3d, a terrific explosion occurred on board, which tore away the upper parts of the ship and blew several large plates off the side. The wharf at which the ship was unloading, and which was some four hundred feet long, was literally torn to pieces; the superstructure was completely demolished to within a hundred feet of the freight house, and hardly a plank remained in the entire length of the structure that was not wrenched from its fastenings.

“Immediately in front of where the vessel lay, a gap was cut through the wharf, piles, planking, etc., all disappearing. The ship and wharf both caught fire, and the latter was saved from entire destruction only by the exertions of several citizens, who got the fire engine to work, and after a few hours extinguished the flames, regardless of the risk they incurred from another explosion of the burning ship. The Panama Railroad Company's splendid freight house is left a pile of ruins. The force of air caused by the concussion seems to have raised the roof—which was constructed of iron and slate—upwards a few feet, its own weight bringing it down with immense force into the building, and carrying with it both the end walls, leaving the house, excepting the side walls, which appear but little if at all injured, a mass of ruins. * * * * *

“The most awful part of the catastrophe was the dreadful loss of life and suffering attending it. Of the number killed and missing it is impossible to give a correct estimate; but from present data the number may be safely put down at fifty, and

is, we fear, more likely to prove over this number than under it. Of the forty-one men comprising the crew of the European, nine have been killed and twelve are missing.

"The scene in Aspinwall after the first explosion cannot be described—it was harrowing in the extreme. Whilst the ruins gave an air of desolation to the place, the mangled and lacerated bodies or pieces of bodies, to be met with in every direction for a great distance around the ruin of the disaster, were heart-rending, and the suffering of the poor mortals crushed and bruised, in whom life was not extinct, was really dreadful.

"The amount of damage caused by the explosion is roughly estimated at \$1,000,000, which is about the lowest figure at which it can be placed."—*Boston Med. and Surg. Journal.*

Endermic Poisoning by Belladonna.—The application of belladonna to the breast for the relief of painful distention of the organs, especially after sudden weaning, is often resorted to, and with advantage. Where there is an abrasion of the skin, however, this practice, it should be known, is not devoid of danger. A case of poisoning, under such circumstances, is recorded in a recent number of the *Lancet*, November 11, 1865. —*Journal of Medicine.*

Cancer is nearly three times more fatal among women than among men. Of eight thousand seven hundred deaths from cancer in women, about three thousand, or more than one-third of all cases of cancer in the females, were instances of cancer of the uterus.—*Simpson.*

EDITORIAL.

We give up a large proportion of our space to the official record of the proceedings of the American Medical Association at Baltimore. This has necessitated the postponement of considerable matter which had been prepared for the present number of the *Journal*, but we feel confident that our readers all take sufficient interest in the transactions of their highest representative body to desire the earliest and fullest report that can be issued.

The meetings of the Association were marked by no unusual features. There was the ordinary amount of speech making,

and its quality did not differ in any perceptible degree from the oratory of previous sessions. The ultra-specialists performed their customary antics which injured no one but the performers, and were chiefly annoying through the loss of time which they caused the Association. The discussion on cholera showed the necessity for additional observation and study of the disease. A large number of interesting papers were submitted to the sections, and will serve to enrich the forthcoming volume of transactions. The festivities of the season were fully up to the standard of Esculapian propriety. Altogether, the meeting was a success.

One, however, cannot refrain from expressing a hope that the time will soon arrive when these annual sessions shall be so conducted that their influence upon the profession may be something more impressive than is now the fact. Longer sessions; more committee work; and less random debate, would add incalculably to the weight and dignity of the proceedings of the Association. Instead of three days of social enjoyment interlarded with medical debate, the annual meeting of the association should be a true *Congress*, in which the vexed questions of the day should be deliberately and adequately discussed, that some positive result may be arrived at as the expression of the voice of the profession, respecting all matters which are brought to the notice of the body. Such a course might detract from the brilliance and eclat of the gathering; but if this be an objection, why not add to the present system of association a higher body of deliberation, bearing to the existing form the relation which subsists between the Senate of the United States and the popular branch of the government?

WANTED—The February and August Nos. of this Journal for 1864. Address Eds. Journal.



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